

Department of Forensic Science
Breath Alcohol Section
Instrument Maintenance History
1/15/2014 To 1/15/2015

HMS
TLW

Instrument Serial Number: 010517

As of 20-Jan-15

| Maintenance Date | Certification Date | Technician Initials | Remarks |
|------------------|--------------------|---------------------|-------------------------------|
| 15-Jan-15 | 18-Aug-14 | HMS (18910) | REPLACED UPS BACK-UP BATTERY. |
| 23-Oct-14 | 18-Aug-14 | HMS (18910) | REPLACED DRY GAS STANDARD. |
| 18-Aug-14 | 18-Aug-14 | HMS (18910) | CERTIFIED |
| 25-Feb-14 | 25-Feb-14 | HMS (18910) | CERTIFIED |

**INTOX EC/IR II
Quality Assurance Worksheet**

Handwritten initials/signature

Instrument Serial Number: 010517 Worksheet Start Date: 1/15/2015
 Location: Fairfax County Adult Detention Center
 Address: 10520 Judicial Dr., Fairfax, VA 22030
 DFS Technician: Heather Stanton License No.: 18910
 Laboratory On-Site

Site Specification: No detrimental environmental conditions exist.

Instrument Barometer (mm HG): 751 Reference Barometer (mm HG): 753
 Reference Barometer(RB)Serial #: 009113 RB Calibration Due: 4/28/2015

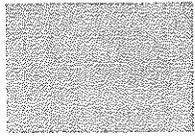
Measurement Assurance Check

| | | | | | |
|-----------------------------|------------------|-------------------|-------------------|-----------------|-------|
| Standard (sea level) | PA Target | minimum | maximum | Sample 1 | 0.299 |
| 0.300 | 0.296 | 0.287 | 0.304 | Sample 2 | 0.299 |
| Precision | | sample min | sample max | Sample 3 | 0.299 |
| 0 | | 0.299 | 0.299 | | |

| | | | | | |
|-----------------------------|------------------|-------------------|-------------------|-----------------|-------|
| Standard (sea level) | PA Target | minimum | maximum | Sample 1 | 0.097 |
| 0.100 | 0.099 | 0.096 | 0.102 | Sample 2 | 0.097 |
| Precision | | sample min | sample max | Sample 3 | 0.097 |
| 0 | | 0.097 | 0.097 | | |

Dry gas standard Lot No. (with tank no.): AG419702-49

- Replaced dry gas standard (+O-ring)
 - Installed at Location
 - Removed to DFS-Central
- Supplies
 Mouthpieces
 Certificates of Analysis
 Operator Worksheet
 Other:



Notes:
 Replaced UPS back-up battery.

Instrument Serial Number

010517

Certification Date

Calibrated

Certified

Measurement Assurance Check

Instrument Test

Troubleshooting/Maintenance Worksheet Completed

(Successful completion denotes satisfactory condition of the item.)

| | | | | |
|-----------------------------|------------------|-------------------|-------------------|-----------------|
| Standard (sea level) | PA Target | minimum | maximum | Sample 1 |
| 0.250 | | 0.000 | 0.000 | Sample 2 |
| Precision | | sample min | sample max | Sample 3 |
| 0 | | 0.000 | 0.000 | |

| | | | | |
|-----------------------------|------------------|-------------------|-------------------|-----------------|
| Standard (sea level) | PA Target | minimum | maximum | Sample 1 |
| 0.150 | | 0.000 | 0.000 | Sample 2 |
| Precision | | sample min | sample max | Sample 3 |
| 0 | | 0.000 | 0.000 | |

| | | | | |
|-----------------------------|------------------|-------------------|-------------------|-----------------|
| Standard (sea level) | PA Target | minimum | maximum | Sample 1 |
| 0.080 | | -0.003 | 0.003 | Sample 2 |
| Precision | | sample min | sample max | Sample 3 |
| 0 | | 0.000 | 0.000 | |

| | | | | |
|-----------------------------|------------------|-------------------|-------------------|-----------------|
| Standard (sea level) | PA Target | minimum | maximum | Sample 1 |
| 0.020 | | -0.003 | 0.003 | Sample 2 |
| Precision | | sample min | sample max | Sample 3 |
| 0 | | 0.000 | 0.000 | |

All measurements are in g/210L

Estimation of Uncertainty of Measurement and traceability records are located within the Breath Alcohol Section

DFS Technician

Heather M. Smith

Date

1/20/15

Issuing Analyst

J. V. [Signature]

Date

1/21/15

JPD

HMS
TLW



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE

CERTIFICATE OF BLOOD ALCOHOL ANALYSIS
AS DETERMINED BY A CHEMICAL TEST OF THE ACCUSED'S BREATH

| | |
|--|--------------------------|
| NAME OF ACCUSED INSTRUMENT, TEST, | NAME OF COURT DFS |
|--|--------------------------|

BREATH ANALYSIS

| | | |
|--|-----------------------------------|---------------------------------------|
| SAMPLE EXAMINED AND TEST CONDUCTED BY STANTON, HEATHER, M | | AGENCY DFS Central Lab |
| DFS LICENSE NUMBER 18910 | LICENSE EXPIRES 10/01/2016 | DATE TEST CONDUCTED 01/15/2015 |
| TEST EQUIPMENT NUMBER 010517 | | |

RESULTS: TIME SAMPLE TAKEN 13:41 EST

SAMPLE'S ALCOHOL CONTENT 0.00 GRAMS PER 210 LITERS OF BREATH

Replaced UPS back-up battery. HMS
1/15/15

ATTEST:

I CERTIFY THAT THE ABOVE IS AN ACCURATE RECORD OF THE TEST CONDUCTED; THAT THE TEST WAS CONDUCTED WITH THE TYPE OF EQUIPMENT AND IN ACCORDANCE WITH THE METHODS APPROVED BY THE DEPARTMENT OF FORENSIC SCIENCE; THAT THE TEST WAS CONDUCTED IN ACCORDANCE WITH THE DEPARTMENT'S SPECIFICATIONS; THAT PRIOR TO ADMINISTRATION OF THE TEST THE ACCUSED WAS ADVISED OF HIS RIGHT TO OBSERVE THE PROCESS AND SEE THE BLOOD ALCOHOL READING ON THE EQUIPMENT USED TO PERFORM THE BREATH TEST, AND THAT I POSSESS A VALID LICENSE TO CONDUCT SUCH TEST, GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20 _____.

BREATH TEST OPERATOR

I HAVE RECEIVED A COPY OF THIS CERTIFICATE OF ANALYSIS _____ SUBJECT'S SIGNATURE

SUBJECT REFUSED TO SIGN FOR COPY OF CERTIFICATE OF ANALYSIS _____ OPERATOR'S SIGNATURE



IntoxNet MIS Report
Report Generated 20 Jan 2015 at 09:51

hms
TLW

Test Results

Instrument Serial Number 010517

Test # 000833 Subject Test

Test Location 1 Department of
Test Date 15 Jan 2015

Test Location 2 Forensic Science
Test Time 13:35
Remote/Local Local

Test Location 3
System Check Passed

Operator's Last Name STANTON
Agency DFS Central Lab

Operator's First Name HEATHER

Operator's Middle Initial M

Card Serial Number 118910
Subject's Last Name INSTRUMENT
Subject's Middle Initial

Effective Date 10/01/2014 Expiration Date 10/01/2016

Subject's First Name TEST

Subject's Date of Birth 00/00/0000 Subject's Sex Male

Driver's License Number

Driver's License Expiration 00/00/0000

Driver's License State

Court Name DFS

End Date 15 Jan 2015 End Time 13:43 Result Time 13:41 Result Date 15 Jan 2015 Result 0.00

| | | | | | |
|-----------|------|--------------|-------|-------------|-------|
| Data Type | DIAG | Sample Value | Pass | Sample Time | 13:36 |
| Data Type | BLK | Sample Value | 0.000 | Sample Time | 13:36 |
| Data Type | CHK | Sample Value | 0.098 | Sample Time | 13:37 |
| Data Type | BLK | Sample Value | 0.000 | Sample Time | 13:38 |
| Data Type | SUBJ | Sample Value | 0.000 | Sample Time | 13:39 |
| Data Type | BLK | Sample Value | 0.000 | Sample Time | 13:40 |
| Data Type | SUBJ | Sample Value | 0.000 | Sample Time | 13:41 |
| Data Type | BLK | Sample Value | 0.000 | Sample Time | 13:42 |

Standard Type Dry Gas Std

Standard Value 0.099

Standard Lot Number AG419702-49

Standard Expiration Date 07/16/2016

Tank Pressure 850

Barometric Pressure 751 mmHg

Blow Sample Number 1 Blow Duration 3.49 sec

Blow Volume 1821 cc End-of-Blow Time 13:39

Blow Sample Number 2 Blow Duration 3.32 sec

Blow Volume 1748 cc End-of-Blow Time 13:41

Tamper Evident Stamp d21bc858

Test Status Code 0

Test Status Success

AMS
TLV

Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010517 Test Number: 834

Test Date: 01/15/2015 Test Time: 13:55 EST

Dry Gas Target: 0.296

Lot Number: AG428003-09 Exp Date: 10/07/2016

Tank Pressure: 330 psi Barometric Pressure: 751 mmHg

System Check: *Passed*

| Test | g/210L | Time |
|------|--------|-------|
| BLK | 0.000 | 13:56 |
| CHK | 0.299 | 13:56 |
| BLK | 0.000 | 13:58 |
| CHK | 0.299 | 13:59 |
| BLK | 0.000 | 14:01 |
| CHK | 0.299 | 14:02 |

Test Status: *Success*

Calibration CRC: 27932710

lms
TLW

Intox EC/IR-II: Accuracy Check

Department of Forensic Science

Serial Number: 010517 Test Number: 835

Test Date: 01/15/2015 Test Time: 14:05 EST

Dry Gas Target: 0.099

Lot Number: AG419702-49 Exp Date: 07/16/2016

Tank Pressure: 840 psi Barometric Pressure: 750 mmHg

System Check: *Passed*

| Test | g/210L | Time |
|------|--------|-------|
| BLK | 0.000 | 14:06 |
| CHK | 0.097 | 14:06 |
| BLK | 0.000 | 14:08 |
| CHK | 0.097 | 14:09 |
| BLK | 0.000 | 14:10 |
| CHK | 0.097 | 14:11 |

Test Status: *Success*

Calibration CRC: 27932710

AMS
TLW



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE

CERTIFICATE OF BLOOD ALCOHOL ANALYSIS
AS DETERMINED BY A CHEMICAL TEST OF THE ACCUSED'S BREATH

| | |
|--------------------------------------|----------------------|
| NAME OF ACCUSED INSTRUMENT, TEST, | NAME OF COURT DFS |
|--------------------------------------|----------------------|

BREATH ANALYSIS

| | | |
|--|-------------------------------|-----------------------------------|
| SAMPLE EXAMINED AND TEST CONDUCTED BY STANTON, HEATHER, M | | AGENCY DFS Central Lab |
| DFS LICENSE NUMBER 18910 | LICENSE EXPIRES 10/01/2016 | DATE TEST CONDUCTED 01/15/2015 |
| TEST EQUIPMENT NUMBER 010517 | | |

RESULTS: TIME SAMPLE TAKEN 14:18 EST

SAMPLE'S ALCOHOL CONTENT 0.00 GRAMS PER 210 LITERS OF BREATH

ATTEST:

I CERTIFY THAT THE ABOVE IS AN ACCURATE RECORD OF THE TEST CONDUCTED; THAT THE TEST WAS CONDUCTED WITH THE TYPE OF EQUIPMENT AND IN ACCORDANCE WITH THE METHODS APPROVED BY THE DEPARTMENT OF FORENSIC SCIENCE; THAT THE TEST WAS CONDUCTED IN ACCORDANCE WITH THE DEPARTMENT'S SPECIFICATIONS; THAT PRIOR TO ADMINISTRATION OF THE TEST THE ACCUSED WAS ADVISED OF HIS RIGHT TO OBSERVE THE PROCESS AND SEE THE BLOOD ALCOHOL READING ON THE EQUIPMENT USED TO PERFORM THE BREATH TEST, AND THAT I POSSESS A VALID LICENSE TO CONDUCT SUCH TEST, GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20_____.

| |
|----------------------|
| BREATH TEST OPERATOR |
|----------------------|

I HAVE RECEIVED A COPY OF THIS CERTIFICATE OF ANALYSIS _____ SUBJECT'S SIGNATURE

SUBJECT REFUSED TO SIGN FOR COPY OF CERTIFICATE OF ANALYSIS _____ OPERATOR'S SIGNATURE



IntoxNet MIS Report
Report Generated 20 Jan 2015 at 09:51

JMS
TLW

Test Results

Instrument Serial Number 010517

Test # 000836 Subject Test

Test Location 1 Department of
Test Date 15 Jan 2015

Test Location 2 Forensic Science
Test Time 14:12
Remote/Local Local

Test Location 3
System Check Passed

Operator's Last Name STANTON
Agency DFS Central Lab

Operator's First Name HEATHER

Operator's Middle Initial M

Card Serial Number 118910

Effective Date 10/01/2014

License Number 18910

Expiration Date 10/01/2016

Subject's Last Name INSTRUMENT

Subject's First Name TEST

Subject's Middle Initial

Subject's Date of Birth 00/00/0000

Subject's Sex Male

Driver's License Number

Driver's License Expiration 00/00/0000

Driver's License State

Court Name DFS

End Date 15 Jan 2015 End Time 14:20

Result Time 14:18

Result Date 15 Jan 2015 Result 0.00

Data Type DIAG

Sample Value Pass

Sample Time 14:12

Data Type BLK

Sample Value 0.000

Sample Time 14:13

Data Type CHK

Sample Value 0.097

Sample Time 14:14

Data Type BLK

Sample Value 0.000

Sample Time 14:15

Data Type SUBJ

Sample Value 0.000

Sample Time 14:16

Data Type BLK

Sample Value 0.000

Sample Time 14:17

Data Type SUBJ

Sample Value 0.000

Sample Time 14:18

Data Type BLK

Sample Value 0.000

Sample Time 14:19

Standard Type Dry Gas Std

Standard Value 0.099

Standard Lot Number AG419702-49

Standard Expiration Date 07/16/2016

Tank Pressure 830

Barometric Pressure 751 mmHg

Blow Sample Number 1 Blow Duration 3.25 sec

Blow Volume 1776 cc End-of-Blow Time 14:16

Blow Sample Number 2 Blow Duration 3.19 sec

Blow Volume 1786 cc End-of-Blow Time 14:18

Tamper Evident Stamp 8e1c8a6b

Test Status Code 0

Test Status Success

Department of Forensic Science
Breath Alcohol Section
Trouble Call Log
1/1/1990 To 1/20/2015

HMS
TLV

Instrument Serial Number: 010517

20-Jan-15

Date: 15-Jan-15 **Time:** 4:39 AM **Remote:** True **Tech:** HMS (18910) **Location:** Fairfax County PD

Indication: OTHER

Problem: UPS BACK-UP BATTERY IS BEEPING.

Technician Response: SITE VISIT CONDUCTED. ISSUE RESOLVED.

Resolution: NO FURTHER ACTION REQUIRED
